

Lived Experiences of Adult Asian Indian Immigrants in Central Ohio with Type Two Diabetes

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## Chapter I

## Introduction

The incidence and prevalence of chronic conditions is increasing globally as many nations have undergone or are in the process of an epidemiologic transition; a shift from having a higher prevalence of infectious to chronic conditions. This is largely seen in developing nations. Nonetheless, developed nations have already undergone this transition. One of the fastest growing diseases of the 21st century is Diabetes Mellitus. The National Center for Chronic Disease Prevention and Promotion (2005) reported that 20.8 million people have Diabetes in the United States. It is an epidemic. Approximately one out of every twelve individuals has Diabetes. Although mortality and disability rates are increasing for all ethnic groups, evidence has shown that low-income groups and minorities have the highest rates for complications and mortality (Bassett, 2005). Many factors have contributed to this shift such as changing environments, lifestyles, and other modalities, and some ethnic populations have been more affected by it than others. It is important to consider that both, genetic, and environmental factors, play a part in the development and course of chronic conditions. Chronic conditions can have a profound impact in one's life. There are two forms of Diabetes Mellitus (DM): Type I Diabetes (DM I) and Type II Diabetes (DM II). DM I is known as Insulin dependent Diabetes; whereas DM II is an insulin resistant form of Diabetes. Insulin is a hormone that facilitates the uptake of the monosaccharide Glucose or a simple sugar by the cells in the body. In general, whether there is a deficiency in Insulin production or if the Insulin receptors are resistant to Insulin, the concentration of blood glucose can exceed that of the normal range. The excessive Glucose potentiates the risk for three major categories of microvascular complications,

retinopathy, neuropathy, and nephropathy, amongst various other symptoms of hyperglycemia.

People living with Diabetes may also be prone to possible complications of becoming hypoglycemic if they are on a treatment regime to regulate blood glucose.

Diabetes is a very intricate condition that requires individualized management regimes for best possible outcomes. Furthermore, treatments for DM I and DM II vary greatly depending upon the desired physiological outcome. Nevertheless, one of the greatest factors to take into consideration when designing interventions for Diabetes management is the perceptions of the individuals and communities affected. Research has shown that the prevalence of Type Two Diabetes Mellitus in Asian Indians is the highest amongst various ethnicities. In comparison to non-Hispanic Caucasians, Asian Indians have the "highest ethnic specific Diabetes prevalence" of 6 to 7% amongst normal weight individuals and 19 to 33% among the obese" (Oza-Frank, Ali, Vaccarino & Narayan, 2009). Chronic illness, such as Diabetes, requires the clients to make specific lifestyle changes to minimize risk factors towards developing complications, but every individual may perceive the changes differently. Furthermore, nurse's role with clients living with chronic illnesses is vital in the health of the individuals. "For nurses working with these clients, the onset, course, outcome, and degree of limitation are important factors to consider when determining the meaning of the disease to individuals and the families" (Lancaster & Stanhope, 2008, p. 687). Therefore, it is important to understand how this illness has affected the lives of the Asian Indians living with it. Nursing aims to treat the client in a holistic manner, which makes it essential to understand the client's perspective and experiences of living with Diabetes. By better understanding the lived experiences of people with Diabetes from this ethnic subgroup, healthcare providers would be able to construct more efficient interventions for managing Diabetes and improving patient outcomes.

This personalized and holistic approach to providing nursing care has a positive impact on client health.

Nursing care is often subjective and patient-centered, which means it is based upon the understanding that nurses develop of their clients and their life experiences. This research study's aim was to gain insight and understand perceptions of Asian Indian adults with type 2 Diabetes. Nursing is a field that requires close interaction with clients. Understanding the clients' needs and perceptions with various conditions is important in order to provide culturally competent and holistic care. Studying the lived experiences of a minority population with a chronic illness can result in designing more efficient and culturally relevant interventions, which in turn can improve patient outcomes. Type 2 Diabetes is the phenomena under study because literature has shown that Asian Indians have high prevalence of Type 2 Diabetes (Oza-Frank, Ali, Vaccarino & Narayan, 2009). The research question was designed to allow for open-ended responses by the participants to gain a deeper insight on the phenomena. The research question was, "How has your life changed since you have been diagnosed with Diabetes?"

#### Definition of terms

Chronic illness: refers to a disease process lasting over an extended period of time and could be congenital, acquired, or a presentation of both forms. Some examples of chronic illnesses include the following: Diabetes Mellitus, cancer, heart disease, Down syndrome, severe burns, amputation of a limb (Lancaster & Stanhope, 2008, p. 687).

Gujarati: regional language rooted in the western peninsula state of Gujarat in India.

Asian Indian: individuals originating from the subcontinent of India.

**Concept:** Transition:

*Aim of Analysis:* Develop operational definition and elucidate the meaning of the concept for utilization as meta-theme in qualitative data analysis.

*Critical or Defining Attributes:* 1) change or conversion of physiological, psychological, or social state, status, behavior, or attribute; 2) change or adjustment of thoughts or attitude towards phenomena

*Model Cases:* Example 1: Participant felt the importance of changing dietary habits and lifestyle (change of attitude) and had to change eating habits by consuming less sugar and eating at certain intervals (change in behavior) since having Diabetes (change in physiological state). Participant felt accustomed or habituated to dietary changes such as restrictions in adding sugar to ethnic dishes. (Retrieved from: Participant 4)

Example 2: Participant states eating less sugar and starting to exercise after being diagnosed, and she states feeling good after exercising and consuming less sugar since Diabetes stays in control (Retrieved from: Participant 7)

Borderline Case: Participant changed dietary and exercise habits without explicitly stating the need to change behavior to manage Diabetes.

*Contrary Case:* The participant has not made any effort to start exercising and continues to live mostly a stationary lifestyle. The participant does not feel the need to make changes.

*Related Case(s):* adaptation, alteration, evolution, progress, transformation

*Invented Case:* A patient with a new diagnosis of Asthma who was reluctant to carry a rescue inhaler is now more conscientious about carrying the inhaler in case of flare up.

Illegitimate Case: A passing from one scene to another in a play by sound effects

*Antecedents:* onset or occurrence of a new disease or condition, exposure to new lifestyle or indications for the way one lives life

*Consequences:* a new lifestyle, new or changed perspective on phenomena

*Empirical Referents-Examples:* passage from one physiological, emotional, mental, or social state to another, change in attitude or thoughts about new phenomena

***Concept:*** Control

*Aim of Analysis:* Develop operational definition and elucidate the meaning of the concept to use for meta-theme in qualitative data analysis.

*Critical or Defining Attributes:* 1) feeling the necessity of having power or direction over actions and thoughts 2) restraining from certain activities or thoughts in order to manage situation or circumstance or feeling the need to restrain

*Model Case:* Participant feels the need to control Diabetes by getting allotting enough time for it, exercising, taking medication, and controlling diet by restricting herself from eating too many sweets (Retrieved from: Participant 5).

*Contrary Case:* The participant does not restrict intake of foods high in carbs and sugar or does not feel the necessity to do so.

*Borderline Case:* Patient feels the need to manage his chronic illnesses by eating a restrictive diet and exercising to maintain a healthy weight, but he is unable to or does not carry out those thoughts into actions for himself.

*Related Case(s):* limitation, authority, dictate, manage

*Invented Case:* Patient with history of Hypertension and coronary artery disease feels the important of managing Hypertension by taking prescribed medications, exercising, and eating a well-balanced low sodium cardiac diet. He implements these thoughts by restricting his diet and ensuring that he takes his medication(s) and exercises.

*Illegitimate Case:* to control or verify a scientific experiment by conducting a parallel experiment or using another standard of comparison

Antecedents: knowledge of consequences of not controlling or managing a situation or circumstance

*Consequences:* better outcomes, less complications

*Empirical Referents-Examples:* managing a situation such as disease by restraining oneself in certain thoughts and/or actions, feeling the necessity of having power or direction over actions and thoughts

## Chapter II

### Review of the Literature

Southern Asia has the some of the highest rates for metabolic syndrome, a precursor to Diabetes. In fact, recent data has showed that approximately one-third of the population in urban areas of India has Metabolic Syndrome. In comparison to non-Hispanic Caucasians, Asian Indians have the "highest ethnic specific Diabetes prevalence" of 6 to 7% amongst normal weight individuals and 19 to 33% among the obese" (Oza-Frank, Ali, Vaccarino & Narayan, 2009). Metabolic syndrome consists of developing insulin resistance, and it can lead to Diabetes and Cardiovascular disease. The importance of addressing Metabolic Syndrome lies in the fact that it has severe consequences as it progresses through its course; Diabetes is a common outcome. Literature shows a strong link between Metabolic Syndrome and development of Diabetes. Many studies have reported that the prevalence of Type 2 Diabetes is high in South Asians. Moreover, there is a higher chance for insulin resistance developing in younger and otherwise, healthier individuals. Many factors can lead to this high prevalence of Diabetes. Some of the factors include the following: rapid demographic, nutritional, and economic

changes, globalization of diets, consumption of nontraditional fast foods in urban areas (Pandit, Goswami, Mukhopadhyay & Chowdhury, 2012). Although this study by Pandit et al. (2012) primarily examined Metabolic Syndrome and Diabetes in urban areas in India, the data from this literature is applicable to an immigrant South Asian population. Their immigration from areas where Diabetes is a common occurrence to the United States, where Diabetes is also on the rise due to a multitude of factors, is a major concern for society.

Cultural factors affecting Diabetes also include dietary habits. A study done by Misra, Khurana, Isharwal & Bhardwaj (2009) showed that the South Asian diet, which can be high in fats, saturated fats, carbohydrates, and trans fatty acids, can play a significant role in increasing the risk for Metabolic Syndrome and Diabetes amongst South Asians. Taking ethnic diet into consideration, it is important to note that the multiple factors that can lead to Diabetes and can affect the management of Diabetes. Since Diabetes can have negative sequelae, preventing Diabetes as well as managing Diabetes efficiently is vital. Lifestyle modifications are necessary to successfully prevent as well as manage Diabetes. The Indian Diabetes Prevention Program showed that lifestyle modifications and Metformin prevented type 2 Diabetes in Asian Indian participants who had impaired glucose tolerance (Ramachandran, Snehalatha, Mary, Mukesh, Bhaskar, & Vijay, 2006). With evidence to support the importance of lifestyle modifications for better outcomes with Diabetes, there has to be mutual collaboration between the healthcare providers and the ethnic groups with Diabetes. Client centered interventions have been proven to be more effective, and that requires having an understanding of the clients' perspectives on the issue.

Other factors that go along with lifestyle modifications are health care practices; they are equally important to study. Mehrotra, Gaur, & Petrova (2011) studied the health care practices



of foreign born Asian Indians in the United States. Study results included: presence of chronic conditions, mostly cardiovascular or Diabetes, were reported by half of the participants, and that had a negative impact on their self-health perception. Also, this study emphasized how there is a discrepancy between self-health perception and health status affecting utilization of preventive services among the Asian Indian immigrant population (Mehrotra, Gaur, & Petrova, 2011).

Due to the high risk that Diabetes imposes on the overall population, it is important to study its effects on the individuals affected by it. Many studies have been conducted to explore the perceptions of different cultural groups in relation to Diabetes. For example, a study done by Chun, Chesla, and Kwan (2011) aimed to learn about the perspectives of Chinese American immigrants with type 2 Diabetes concerning their United States acculturation experiences or cultural adaptation experience. It looked at how the acculturation experiences affected Diabetes management and health from 40 participants through informant group data collection method. Three main themes emerged from the data: “utilizing health care, maintaining family relations and roles, and establishing community ties and groundedness in current self-report and proxy acculturation measures” (Chun, Chesla, & Kwan, 2011). Furthermore, area of residence in relation to prevalence of Chinese American community affected the management and coping. Overall, it could be concluded from the study that there is a necessity to develop culturally-appropriate Diabetes management recommendations based on the cultural group’s dynamics (Chun, Chesla, Kwan, 2011). “For nurses working with these clients, the onset, course, outcome, and degree of limitation are important factors to consider when determining the meaning of the disease to individuals and the families” (Lancaster & Stanhope, 2008, p. 687). These factors can be applicable to any group of individuals the nurse is working with.

### Chapter III

#### Methodology

This was a qualitative study. Phenomenology was used as the method. Phenomenology focuses on people's subjective experiences and interpretations of the world. The purpose of this study was to build an understanding of perceptions based on the phenomenology of Maurice Merleau-Ponty, a philosopher "concerned with science of the human beings" (Cohen, 1987). His style of phenomenology focuses on providing detailed and rich descriptions of the lived experience rather than a causation relationship. "Existential phenomenology offers a way to engage in respectful dialogue with people and glean richly contextualized descriptions of their emotions" (Thomas, 2005, p.65). "The nurse researcher who works within the Merleau-Ponty tradition aims to discover the participants' perceptions of their lived experiences" (Thomas, 2005). The Merleau-Ponty approach to phenomenology was integrated and used as a guide for this study as it helped elaborate on the nursing knowledge about the phenomenon of Diabetes and how it has affected the lives of immigrant Asian Indians through their perceptions.

Purposive sampling and snowball sampling was utilized. Purposive sampling studies a relatively small number of people who exhibit a certain trait or illness in relation to the phenomena under investigation. Qualitative research often involves a small number of participants, and the sample size was increased until patterns or themes was observed in the data. The researcher continued recruiting participants and conducting interviews until data saturation, repetition of data and themes, occurred. Moreover, data saturation was reached when no new themes were seen in the data (Carpenter & Streubert, 2011, p.90). There was not a predetermined number for the sample size due to the nature of the study. "Therefore, predetermination of the number of participants for a given study is impossible" (Carpenter &

Streubert, 2011, p.91). The Ohio State University Institutional Review Board (IRB) approval was obtained. One-on-one in-depth interviews were conducted to explore the question, “how has your life changed since you have been diagnosed with Diabetes?” The participants were adult immigrant Asian Indians residing in central Ohio who have been previously diagnosed with Type two Diabetes Mellitus. Participants were recruited by the investigator by identifying individuals known to the researcher in the community who meet the requirements. Further participants were identified and recruited by passing out flyers in English and translated into Gujarati. The flyers were distributed from one individual to another or by one participant to another potential participant through snowball sampling. Snowball and purposive sampling were used to identify additional potential participants who meet the following criteria: adult Asian Indian immigrant, has type 2 Diabetes, and speaks Gujarati or English. A total of nine participants were interviewed.

Individuals who met the criteria and were interested in participating in the research were requested to either call or send an email message to the researchers. Once the initial contact was made, a follow up phone call insured if the person was interested in participating, and a date, time and place was finalized for the interview. Interviews are great sources of data collection since they introduce the researcher to the participants' world view or perception (Carpenter & Streubert, 2011, p.90). The location of the interviews were the participants' preferences, and that included the participants' homes.

The participants had the option of giving the interview in either English or Gujarati per their preference. The interviewer is able to converse in the two languages, so no interpreter was required during the interview itself. Informed consent form was provided to the participant before the start of the formal interview. The full interviews were tape recorded in order to

generate verbatim transcripts for data analysis. The interviewer initially provided introductory comments such as giving any further clarification about the study, its purpose, the interview process, and answered any additional questions the participant had about the conduct of the study. Furthermore, the interviewer sought clarification, and used additional probing questions as indicated by the flow of the interview to gather more thorough data.

Objectivity was maintained by continuously reviewing interviews from the first interview onwards. Reviews of interviews assisted in assuring that the interviewer is not using directional probes and is presenting the question in a consistent tone. In order to verify data collected from the interview and to enhance the trustworthiness and authenticity of the data, “researchers return to each participant and ask if the exhaustive description reflects the participants’ experiences” (Carpenter & Streubert, 2011, p.93). Follow-up interviews were conducted in person at the convenience of the participants whose data needed further clarification. Data was translated to English from the audio recordings and transcribed verbatim by the co-investigator who is fluent in both, Gujarati and English. The transcriptions were entered into CDC EZ-Text and analyzed concurrently with data collection to assess for emerging themes. CDC EZ-Text is a qualitative data analysis software which was used to organize and analyze data. Interview transcripts were read multiple times to assess for themes. When no new themes were found in the data, the interviews and data collection was halted. The audiotapes and verbatim transcriptions were stored in a locked fireproof file, and they will be destroyed five years after the completion of the research process per IRB requirement.

The interviewer was the instrument for data collection. In a phenomenological study, “the researcher is the instrument for data collection” (Carpenter & Streubert, 2011, p. 89). The interviewer will “remain focused on the data, listen attentively, avoid interrogating participants,

and treat the participants with respect and display sincere interest" (Carpenter & Streubert, 2011, p.90). "Complete concentration and rigorous participation in the interview process improve the accuracy, trustworthiness, and authenticity of the data" (Carpenter & Streubert, 2011, p.90).

See *Table 1* for a comparison of the factors considered when judging qualitative versus quantitative research. Trochim, 2006). In qualitative research, internal validity refers to the credibility, which is "establishing that the results of qualitative research are credible or believable from the perspective of the participant" (Trochim, 2006, para.3). Qualitative research aims to gain an understanding of the phenomena from the participants' viewpoints.

Consequently, "the participants are the only ones who can legitimately judge the credibility of the results" (Trochim, 2006, para.3). A threat to internal validity or credibility may occur if the participant gives the interview in a language other than English. In this study, there was the possibility of not being able to generate a verbatim or word by word translation of the native language to English by the co-investigator due to differences in the way ideas are conveyed across languages. The co-investigator will use the closest and proper terminology from Gujarati to English. Also, there is was the potential for researcher's bias as with any study. Therefore, phenomenological reduction, preventing the interference of preconceived ideas in the research process of obtaining true data, was implemented. Hence, the greater literature review was postponed until after data collection and data analysis (Carpenter & Streubert, 2011, p. 76). Additionally, the researcher bracketed, or set aside, any previously held conceptions or beliefs about the phenomenon of interest. This prevented the potential introduction of bias and researcher's subjectivity to the participants' description of the lived experience (Carpenter & Streubert, 2011, p. 77). "Phenomenological reduction is critical if the researcher is to achieve

pure description” and credible examination and analysis of the data (Carpenter & Streubert, 2011, p. 83).

Furthermore, there was the possibility of constant error to occur involving social desirability. Social desirability is when the participants responses are not their true opinion. Instead, they are based on what they think is the expected or valued response. Social desirability may be exhibited by certain people repeatedly, leading them to provide biased responses in the interview, and this is the reason it is considered as a constant error (Wood & Ross-Kerr, 2006, p.197). Therefore, the researcher presented the question in a proper and consistent manner by paying attention to body language and tone of voice to minimize biased response.

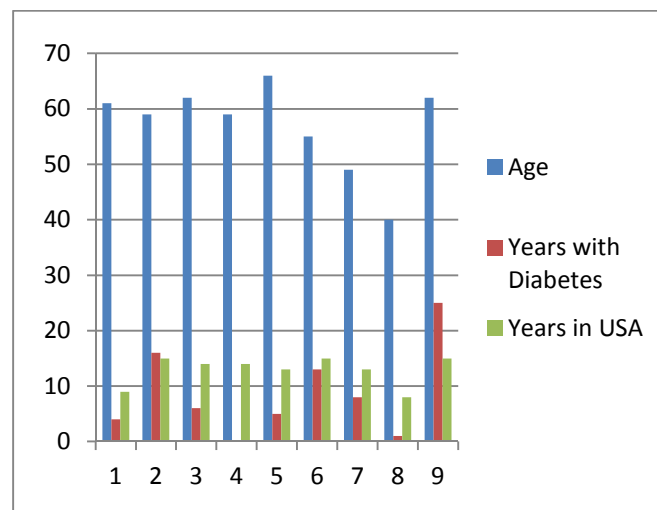
Data analysis occurred after verbatim transcriptions were created from the interview audio tapes concurrently with the interviews, until very last interview where data saturation, no new emerging themes, were found. Qualitative data analysis consists of identifying, coding, and categorizing patterns or themes found in the data. The transcript was initially read in order to get a global sense of the whole content or data. The interview transcript was then be read for a second time, but with more precision and attention to details in order to divide the data into meaningful units or sections for themes (Kleiman, 2004). Next, the sections or units were coded, and then, categorized with their appropriate themes. “Themes are structural meaning unit of data” (Carpenter & Streubert, 2011, p.46). They are essential in presenting qualitative findings. All of the themes will be analyzed for reoccurrence, amongst the different transcripts.

## Chapter IV

### Results

The purpose of this study was to gain an in-depth understanding of the lived experiences of adult Asian Indian immigrants living in central Ohio who have Type Two Diabetes. The

perceptions of this ethnic subgroup were studied through formal interviews with nine participants, the sample size. Data saturation, where no new themes were emerging from data, had been reached with the ninth participant. The demographics are as follows: three female participants and six male participants were interviewed. The participant's age ranged from 40s to 60s. Eight participants gave the interviews in Gujarati, a regional language of India; one participant gave the Interview in English. Below is a graph presenting the demographics including age, years since being diagnosed with Diabetes, and years lived in the United States.



Transition and control were identified as two major themes in the data. Following are the defining attributes for control: feeling the necessity of having power or direction over actions and thoughts; restraining from certain activities or thoughts in order to manage situation or circumstance or feeling the need to restrain. Data from a total of nine participants was able to be grouped under the theme control. Restricting diet seemed to be the common idea between the different subthemes. The participants stated various ways in which they restricted their diet. Seven out of nine participants explicitly stated decreasing or cutting back on their intake of

sweets, sweet foods, or sugar. One participant stated, “Eat less of sugar-not taking much of sugary foods-not eating-rice, from taking less sugar, feel good-stays control in Diabetes.”

Another participant stated, “Eat right amount, eat foods without sugar, eat food with less calories. If eat with more calorie, if eat food with sugar, then Diabetes gets out of control.”

Furthermore, several participants verbalized eating less ethnic foods including, rice, roti, and oily foods. One participant said, “More about it...we Diabetes, so have to eat that food-that diet food, so your Diabetes stays in control, that way, eat a little little less rice, I eat less of roti made of wheat or roti made of ghav (type of flour)...not to eat bread-I eat a little of kathor (type of grain) that has protein. If I eat that then Diabetes comes to be less. I eat salad.” Similarly, another participant said, “eat less of sugar-not taking much of sugary foods-not eating-rice.”

Nonetheless, several participants expressed the difficulty they felt in controlling their intake, and sometimes they would eat something that they felt they should not have eaten.

Additionally, a participant stressed the importance of reducing stress and tension to stay healthy. He elaborated on how he feels there is a connection between mind and body, and that he tries to manage his health by reducing tension. He expressed, “So, means, see, to keep your, if you keep your tension free, that will keep you away from Diabetes-I think so. If you remain free, no tension, means, sometimes tension will create sugar, so I don’t want that one.”

Similarly, another participant acknowledged how they felt that their sugar can increase possibly due to stress. She stated, “yes blood sugar, sugar increases so, if ate too much in food, then that can happen. Sometimes tension may have come, so that can happen.”

Moreover, couple of the participants stated feeling the importance of eating in proportions and on time or during certain intervals to best manage and control their Diabetes or keeping their sugar levels in control. One participant stated, “So I have to do one thing-that take



food on time, every three, four hours, in less proportion, but have to eat a little.” Another participant said, “No that much does not happen because we eat on time, but people with Diabetes need to eat on time. When your time comes, even if guests have come, then you can’t go over time because your sugar may also decrease, so you can also faint, yea so you can’t wait such. If you have to eat, then you have to eat. Some food you have to keep with you, or else, sometimes it decreases (blood glucose). Decreases as in nothing happens, but you keep feeling without energy. In the morning, you drink tea only, don’t eat breakfast, then at noon, we need to eat.” This participant, like several others, felt the importance to eat on time to manage sugar and prevent feeling out of energy or tired. In fact, this is also an example of transition since this participant needed make the needed change of eating on time.

A majority of the participants’ comments regarding diet fall concurrently under the theme control because most of the dietary changes consist of controlling their diet by means such as eating in proportions, on time, and using less to no sugar. Most of the participants felt the need to decrease their intake of sugar in food including ethnic foods, such as rice, roti, and sweet foods. Some other characteristics noted from data that fall under both, transition, and control, are not being able to live life as desired. Couple participants linked that to the changes in energy levels as in not being able to walk as much or changes in diet, where they cannot eat or drink as freely as before. Similarly, participants stressed how they tried managing their Diabetes by controlling their diet in order to prevent complications or problems. An example is how several participants mentioned using jaggery in place of sugar to help control their Diabetes. Additionally, few participants reiterated the importance of exercise in managing their Diabetes too. They perceived controlling diet and starting to exercise as two of the main means, next to

taking medication, to manage their Diabetes. Furthermore, almost all of the participants stressed the importance of feeling the need to manage or control their Diabetes.

Transition was described as having the following defining attributes: change or conversion of physiological, psychological, or social state, status, behavior, or attribute; change or adjustment of thoughts or attitude towards phenomena. After the initial analysis of primary interviews, data from all nine participants was identified to qualify as the theme transition. Some common factors mentioned by the participants include having to implement changes in their lives to improve and manage their health, particularly Diabetes. Having to make dietary changes was consistently expressed across all of the interviews. For example, many participants stated not being able to eat sweets anymore, and they felt the importance of having to eat in right proportions and on time, which was also noted under control. A participant said that if she did not eat on time, sugar would get low.

One participant in particular mentioned the need to find the perfect food to manage both, Diabetes, and Kidney complications. He stressed how difficult it has been for him to find the perfect combinations of food to eat and adjust to his recommended diet, especially because he is also a vegetarian and has concurrent kidney problems. He said, "So, they're asking me to take some food having more protein, but it is having more potassium also, so I have to avoid that Indian items. Yea, so have asked me to go for that eggs, chicken, fish, meat. That I told I will not eat meat, so they me to go for some Potassium bar, but Potassium bar having a some sugar, so sometimes, I'm eating Potassium bar, but even though U have not reached that Potassium, protein level, so sometimes, I'm using beans to raise the level, but that is not enough, so I'm looking for some-they told me some powder is there that if you sprinkle over your food, that will raise your protein, but I'm not getting that even in any Meijer, Wal Mart, Kroger even, so I will

go for me other store to check whether they have some powder without sugar.” Several other participants stated they felt the necessity to be able to get used to the modifications they had made in their diet. For example, one participant specified how he felt that he needed to get used to the changes in his lifestyle, and how less problems or complications would occur if his lifestyle is changed and Diabetes is in control.

Furthermore, couple participants mentioned starting an herbal medication, but then quitting because it was not helpful to them. One participant said, “Yea, and that regular sometimes I would change the pill, that Aayurvedic, from India, that I took one time, so that sugar increased.” This participant thought the herbal or Ayurvedic remedy for ineffective. Another participant said, “From that day, I am taking, I need to take some herbal medicine, but it doesn’t work because I was not controlling my food, so after coming to USA, there was, means I was not getting any herbal medicine, so I’d gone to that a current medicines just like a Glipizide.” This participant stopped taking herbal medicine because of lack of accessibility to it, and he also realized he needed to control diet as well to effectively manage Diabetes.

Several participants expressed feeling weak, tired or lack of energy due to Diabetes. They stated their diet could potentially affect their energy levels. For instance, one participant stated, “Don’t feel anything but that feel like eating-feel like body is without energy –eat diet like food, so feel a little like that.” Another participant stated, “No, sometime, I, suppose I’m having a low sugar, then that’s and see because of this, I stayed long time in hospital. I lost all my energy, no, so I’m not that much strong to face all atmosphere, so sometimes, I’m feeling weak. I’m feeling tiredness, no, so at that time, I have to ask for hey-I’m feeling tired, let me have some seat, so I can have to look for some sitting arrangement. If that is there, no problem.” Another participant said, “The legs feels a little tired such, but it happens, not a lot. Such is there for the last three

years, before, did not feel tired.” This participant felt that his age also contribute to him feeling tired and lack of energy, “yes, but that 16 years ago, the type of work-cannot do such now- after turning 59- before, 40 years counts as youth. 50 kilo as in 100 lb- 100 lb [pounds] bag would carry with both hands and place it on head. Now, cannot do that- now can only carry 15 kilo. That energy all went away-according [due] to Diabetes. Energy decreases, decreases a lot- such that this-someone who is 60 without Diabetes working and me working, there is difference. People with Diabetes are not able to work as much. Who does not have Diabetes and is 60 years old-how much that person can work- that much I cannot work-got the idea?-that rapidly and that much work-not able to do-with speed and energy.” This particular participant saw not being able to work as much or as efficiently as a major change. His narrative went on to describe others ways in which he felt he did not have as much energy. Overall, this lack of energy or feeling tired seemed to be a major theme across the interviews.

Most participants mentioned starting medication for management of Diabetes. Also, they stated how it has been beneficial to them or important to take it. One participant said, “Actually, you can control Diabetes, but you cannot overcome from Diabetes. If your try, I try lot of medicines. For the timing, you feel okay-I’m now okay, but if you stop that medicine, you’ll feel again that Diabetes affect.” Similarly, another participant said, “No, there is nothing else, only this much, medicine was started, so Diabetes would become regular. “ In fact, couple participants perceived that by controlling Diabetes by non-pharmacological methods, they do not need to take medication. A participant said, “I don’t take medication-doctor had said no, not to take medicine, so I don’t take medicine. Doctor checks it every three months- every six months-I get blood checked for Diabetes. Yea, there is no need for medication. It is in control, so keep it in control-don’t take sugar.” Another participant, who was still on medication, felt that he can

eventually decrease taking it if he can control his Diabetes through other means such as exercise. He said, “And even now if I want to decrease medicine, then I have to exercise, for which I don’t get the time. As in Diabetes sometimes would become low, in the beginning, when I did a lot of exercise daily. That time I would have also taken medicine, and plus would be doing exercise, so from that, I got the thought that if I exercise, then totally my medicine would stop.” This leads to the next subtheme observed under transition.

Many participants felt the importance of exercising since being diagnosed with Diabetes. For example, one participant said, “Sometimes, if it is increasing, then have to control by exercise or food control. yea...in exercise-I do gardening work, do house work, and food in control uh...eat less sweets.” Another participant said, “From exercise also feel good. After eating, go for walk-from walking, significantly feel good. From medicine and doing exercise, stays a little good.” Even though there were some participants who felt the need to do exercise to manage their Diabetes, there were some differences. Several participants felt the need to make time in their lives to manage their Diabetes, exercise being one of the activities needed, whereas couple of the participants were not able to or did not make extra time to exercise for various reasons. Nonetheless, few participants felt that time has to be given to control the disease if the disease is present. For example, a participant stated trying to exercise whenever possible, “I try whenever I get the time then I don’t let the chance go by to exercise.” He had elaborated about how he was often short of time, but he felt and understood the importance of exercise in managing Diabetes.

Several other themes include checking blood glucose at home using a glucometer, going for regular checkups, and experiencing signs of hypoglycemia or hyperglycemia. For instance, several participants had mentioned feeling hungrier or thirstier earlier on around the time and

before they found out they had Diabetes. Those participants reported decrease in those sensations after being on medication and properly trying to manage their Diabetes. Moreover, one participant mentioned experiencing polyuria, but that was also in the beginning. Some of the other problems that the participants reported included having vision problems or feeling like they might develop vision complications because of their Diabetes. Additionally, several participants stated feeling pain. One participant described the pain as tiredness; whereas, another person described it as feeling burning on soles of feet and tingling in hands and fingers. Moreover, couple of the participants expressed not having as much education on Diabetes management. For instance, one participant stated the only education she received was a chart about dietary changes. Another participant felt like his only means of being educated on how to take care of himself and his Diabetes was from what he heard in the society amidst others with Diabetes. Couple remaining themes were the following: feeling uncertainly about life and quality of life, expression of dissatisfaction with perceived complication of Diabetes as well as comorbidities, concerns for developing potential complications, associating Hypertension or high cholesterol with having Diabetes, and not perceiving much change to occur in life due to Diabetes.

## Chapter V

### Discussion

To summarize, two major themes were observed in the data: A majority of the study participants experienced transitions or changes in their lives due to Diabetes. Also, they had to control their diet to manage Diabetes. Amongst these themes, participants' stated the importance of restricting diet, exercising more, taking medication. They also stated feeling tiredness, pain, or less energy than before. Furthermore, the participants experienced various other feelings associated with lifestyle changes such as feeling good with more exercise or feeling like they did

not have enough time to exercise in some cases. Overall, the participants expressed many thoughts and feelings regarding their lived experiences with Diabetes. This can help health care professionals better understand the perceptions of an ethnic group that is greatly affected by Diabetes.

Clients' perceptions greatly affect external factors in their lives. In order to efficiently intervene or work with these clients, understanding their perceptions is essential. Various cultural differences could exist, but without studying the perceptions amongst various groups of people, it is difficult to have the knowledge to be culturally competent. For example, decreasing intake of certain ethnic dishes was seen as a means to control Diabetes, and several participants stated having difficulty in doing so at times. There was a lack of enough formal education about Diabetes amongst couple of the participants as well. This can lead to future interventions involving educating the clients of proper foods choices within their cultural habits. Also, few concerns were raised regarding developing complications. That is another area that can be focused on with education, prevention, and early detection and management. Despite the fact that this study's results are based on a particular ethnic group's perceptions, it is not all comprehensive. It is important to remember to treat clients individualistically, rather than make assumptions, to best interact and develop a therapeutic relationship with them. Nevertheless, this study can help to provide health care professionals with a background when interacting with clients of this ethnicity.

Moreover, several findings from this study can lead to future research. Diabetes is increasing amongst many ethnic groups. Research elucidating the perceptions of the populations affected can potentially benefit health care professionals care for the clients and the clients' outcomes. Also, further study of other chronic conditions can be just as important for the better

outcomes. Studying perceptions or lived experiences can be applied to any scenario with the understanding that clients' lives are dynamically affected by their diseases or conditions.

Overall, it is important for health care professionals working with any population to be culturally sensitive to their specific needs and perceptions while trying to be holistic or well-rounded in providing care.

### Limitations

This study's limitations include the lack of generalizability secondary to sampling methods of purposive and snowball sampling. For the purposes of this study, the sampling methods were appropriate to allow for rich data from a specific minority group. Another limitation to the study was due to the inability to communicate with different ethnic subgroups within the Asian Indian immigrant community. Thus, the primary language spoken of the participants was Gujarati, and the sample represented the Gujarati community.

Table 1: Criteria for Judging Qualitative Research

Traditional Criteria for Judging Quantitative Research	Alternative Criteria for Judging Qualitative Research
Internal validity	Credibility
External validity	Transferability
reliability	Dependability
objectivity	Confirmability



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